

# COPY

Attorney's Docket No. PATENT 6648 COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR C-I-P) As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: (check one applicable item below)  $\nabla$ original design supplemental NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items. national stage of PCT NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P. divisional continuation continuation-in-part (C-I-P) INVENTORSHIP IDENTIFICATION WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A method for using applications in a mobile station, a mobile station, and a system for effecting payments

## SPECIFICATION IDENTIFICATION

ne sp	pecif	ication of which: (complete (a), (b) or (c))
(a)	乙	is attached hereto.
(b)		was filed on as [] Serial No. 0 / or [] Express Mail No., as Serial No. not yet known
		and was amended on (if applicable)

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	are those filed with the application papers are deposited with the PTO which contain new matter an are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.
(c) 🗆	fled on
	amended under PCT Article 19 on (if any).
ACKN	IOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
i hereb specificat	by state that I have reviewed and understand the contents of the above identified tion, including the claims, as amended by any amendment referred to above
I ackno	owledge the duty to disclose information
幻	
	(also check the following items, if desired)
ď	and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
	In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.
	PRIORITY CLAIM (35 U.S.C. § 119)
application below and certificate the United	y claim foreign priority benefits under Title 35, United States Code, § 119 of any polication(s) for patent or inventor's certificate or of any PCT international n(s) designating at least one country other than the United States of America listed thave also identified below any foreign application(s) for patent or inventor's or any PCT international application(s) designating at least one country other than I States of America filed by me on the same subject matter having a filing date of the application(s) of which priority is claimed.
	(complete (d) or (e))
	no such applications have been filed.
(e) ☑	such applications have been filed as follows.
NOTE: WI	here item (c) is entered above and the International Application which designated the U.S. itself claimed ionly check item (e), enter the details below and make the priority claim.

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# A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
FI	950685	15.02.95	ŬYES NO □
	<u> </u>		☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO ☐
			☐ YES NO □

ALL	FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION
	·

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

#### POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Clarence A. Green (24,622)
Harry F. Smith (32,493)
Mark F. Harrington (31,686)

Albert W. Hilburger (20,987) John J. Goodwin (20,050)

Ralph D. Gelling (24,689) Thomas P. Dowd (24,586)

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

(Declaration and Power of Attorney [1-1]-page 3 of 5)



SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Perman & Green 425 Post Road Fairfield, CT 06430-6232

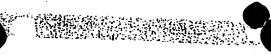
#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other Full name of sole or first inventor Petri Heinonen (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME) Inventor's signature 18.1.1996 Finland Country of Citizenship Tampere, Finland Post Office Address Kuninkaankatu 31 B 44 33200 Tampere Full name of second joint inventor, if any Mikko Terho (GIVEN NAME) FAMILY (OR LAST NAME) Inventor's signature Country of Citizenship Finland Tampere, Residence Finland Veisunkatu 58 λ 1 Post Office Address 33820 Tampere

(Declaration and Power of Attorney [1-1]-page 4 of 5)





Full nan Matt	ne of third join	nt inventor, if any	<i>'</i>	
	N NAME)	- ·	J .	Marttila
Inventor	's signature	mulity	ζ .	FAMILY (OR LAST NAME)
Date	18.1.19	96 Coun	try of Citizana	ship Finlanbd
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<b>™</b>	Signature for1	fourth and subse	equent joint inv	ventors. Number of pages added
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	Signature by ceased or inc	administrator(trix apacitated invent	), executor(trix or. <i>Number of</i>	c) or legal representative for de- pages added
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. 🗆	Signature for authorized un	inventor who ref der 37 CFR 1.47.	uses to sign o Number of pa	or cannot be reached by person ages added
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	Added page for where legal re	or signature by one presentative cann	e joint inventor not be appoint	on behalf of deceased inventor(s) ed in time (37 CFR 1.47).
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	Added pages continuation, of	or continuation-in-	-part (C-1-P) ap	power of attorney for divisional, oplication.  pages added
			• •	
	Authorization o	f attorney(s) to acc	cept and follow	instructions from representative.
		•	• •	
1	(If no further pa this page and	check the following	ig item:)	on, then end this Declaration with
			This declara	tion ends with this page.

(Declaration and Power of Attorney [1-1]—page 5 of 5)



Attorney's Docket No	0	
	13.	
ADDED PAGE TATTORNEY FOR SIG	TO COMBINED DECLARATIONATURE BY FOURTH AND S	N AND POWER OF UBSEQUENT INVENTORS
Full name of fourth join	t inventor, if any	
Markku		Rautiola
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	Finland
Residence	Finland	
Post Office Address K	ierikankatu 8 C 18 3710 Tampere	
Inventor's signature	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Residence	Country of Citizenship	
Post Office Address	· · · · · · · · · · · · · · · · · · ·	
Full name of sixth joint i	inventor, if any	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		•
Date	Country of Citizenship	
Residence		
Post Office Address		

(Added Page to Combined Declaration and Power of Attorney for Signature by Fourth and Subsequent Inventors [1-2])